DOCUMENT RESUME

ED 430 718 PS 027 670

AUTHOR Gordon, Amy L.
TITLE Outcome Initiatives in Child Welfare.
INSTITUTION Child Welfare League of America, Inc., Washington, DC.
ISBN ISBN-0-87868-901-X
PUB DATE 1999-00-00
NOTE 71p.
AVAILABLE FROM Child Welfare League of America, 440 First Street, NW, Third Floor, Washington, DC 20001-2085; Tel: 202-638-2952; Fax: 202-638-4004; Web site: http://www.cwla.org
PUB TYPE Reports - Descriptive (141)
EDRS PRICE EDRS Price MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS *Child Welfare; *Children; Measurement Techniques; Program Descriptions; Standards
IDENTIFIERS *Outcome Oriented Evaluation

ABSTRACT

The current climate of accountability, reduced fiscal spending, and managed care has heightened the need to demonstrate the effectiveness of the child welfare system. This monograph presents an overview of initiatives that have been undertaken to promote outcome measurement and performance management in the field of child care, highlighting initiatives at a variety of levels of the system. Chapters 1 and 2 provide information on several initiatives of the Child Welfare League of America and other private national agencies. Chapter 3 presents university-based outcomes-related activities and research. Chapter 4 highlights a sample of state initiatives in Colorado, Kansas, Massachusetts, Michigan, Minnesota, Ohio, Oklahoma, Oregon, Pennsylvania, and Texas; county and city efforts are summarized in Chapter 5. Chapter 6 describes the activities of individual agencies to improve the outcomes for the children and families they serve. The monograph concludes by noting that although outcome measurement has become an integral part of the child welfare field, its impact on the performance of the child welfare system remains to be seen. Contains 58 references. (KB)

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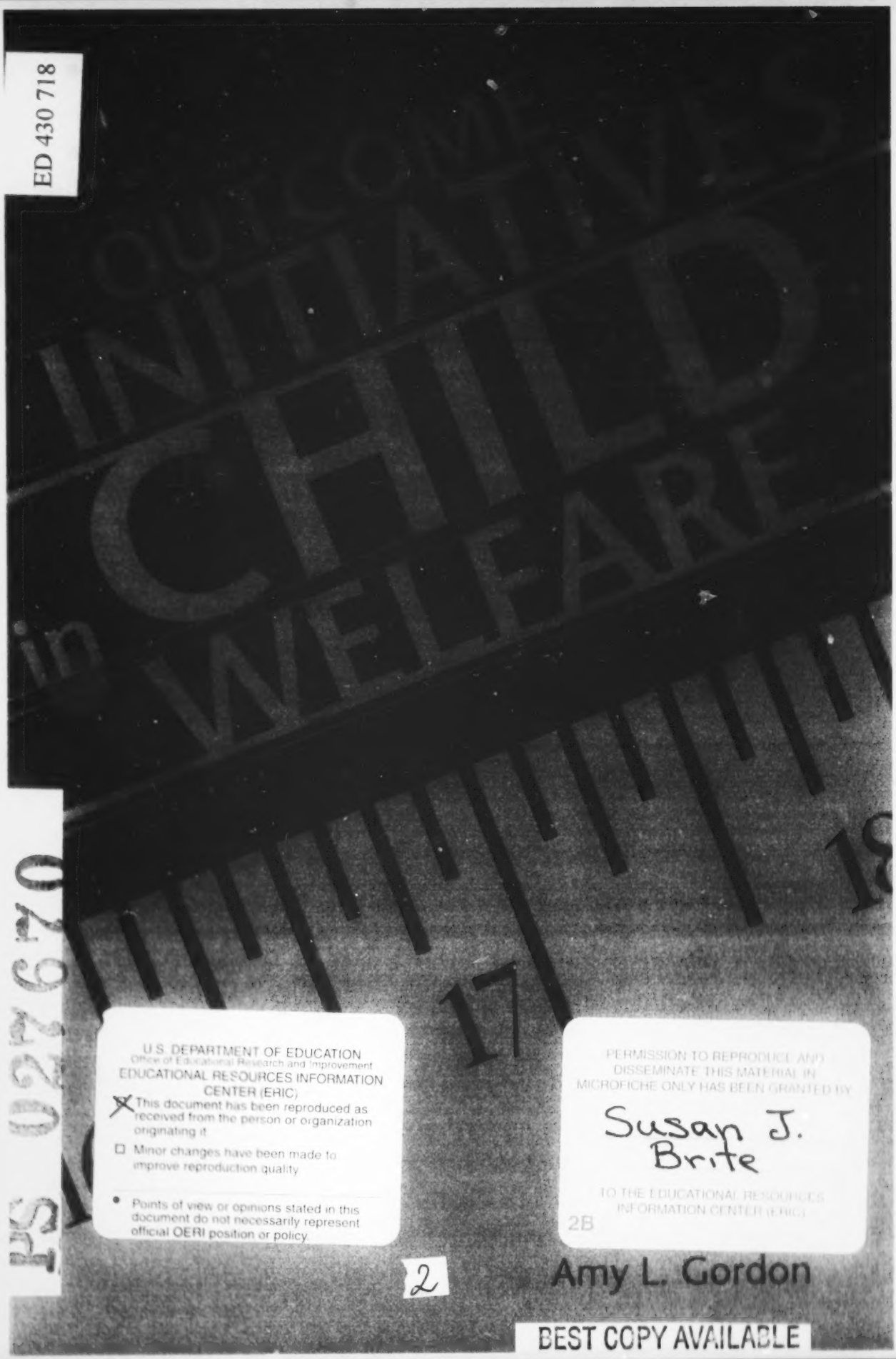

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Outcome Initiatives in Child Welfare

Amy L. Gordon

CWLA Press • Washington, DC

CWLA Press is an imprint of the Child Welfare League of America. The Child Welfare League of America (CWLA), the nation's oldest and largest membership-based child welfare organization, is committed to engaging all Americans in promoting the well-being of children and protecting every child from harm.

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CHILD WELFARE LEAGUE OF AMERICA, INC.
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CURRENT PRINTING (last digit)
10 9 8 7 6 5 4 3 2 1

Cover design by Luke Johnson

Printed in the United States of America

ISBN # 0–87868-901-X

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Introduction

Improving the performance of the child welfare system is clearly a national priority. Policymakers, practitioners, and researchers alike are committed to ensuring that child welfare services result in positive outcomes for children and families. Expanded efforts are underway at many different levels of the child welfare system to implement performance-based management and to develop reliable outcome measures. Although such efforts are not new, the current climate of accountability, reduced fiscal spending, and managed care has heightened the need to demonstrate the effectiveness of the child welfare system.

In addition, the Adoption and Safe Families Act of 1997 (P.L. 105-89) has brought renewed attention to the use of outcomes-based management in evaluating child welfare performance. This legislation requires the U.S. Department of Health and Human Services (DHHS) to "develop a set of outcome measures that can be used to assess the performance of states in operating child protection and child welfare programs to ensure the safety of children" (42 U.S.C. 679). These outcome measures will be used to develop a system to rate the performance of states and to implement regulations that are tied to state funding. By May 1, 1999, DHHS will "prepare and submit to the Congress a report on the performance of each state on each outcome measure, which will examine the reasons for high and low performance and where possible make recommendations as to how state performance could be improved" (42 U.S.C. 679).

The Adoption and Safe Families Act also expands funding for Title IV-E demonstration projects for 10 states each year for the next four years [Lutz 1998]. This step illustrates the federal government's commitment to identifying models of service delivery that result in positive outcomes for children and families. Waiver recipients are required to define the outcomes they expect to achieve, and outcome evaluation is a primary focus of each project. These demonstration projects will produce valuable data that will help explain what works in child welfare and why.

The increased use of managed care principles in the delivery of child welfare services has further augmented the importance of using outcomes to measure system performance. A recent survey conducted by CWLA's Managed Care Institute revealed that 30 states were planning or currently implementing managed care initiatives [McCullough 1996]. Furthermore, many of these initiatives specify the outcomes that agencies are expected to accomplish. In short, managed care has created a new dynamic in the field of child welfare—fiscal responsibility for achieving outcomes.

In light of the increasing emphasis on outcomes, this document presents an overview of initiatives that have recently been undertaken to promote outcome measurement and performance management in the field of child welfare. This summary is not intended to be exhaustive. There are many initiatives that are not included. The purpose of this monograph is to highlight only a few initiatives being implemented at a variety of levels of the child welfare system.

Chapter 1 of the document provides information on several initiatives of CWLA. Initiatives undertaken by other private national agencies are highlighted in Chapter 2. Chapter 3 presents

university-based outcomes-related activities and research. Chapter 4 highlights a sample of state initiatives, while county and city efforts are summarized in Chapter 5. Chapter 6 describes the activities of individual agencies to improve the outcomes of the children and families they serve. Again, these initiatives are only a few examples and are not representative of all of the current efforts to measure outcomes in the field of child welfare.

1.
Child Welfare League of America Initiatives

The Child Welfare League of America's activities range from outcomes–based research studies to sophisticated data management systems. Most of its current initiatives are taking place through the Research Department and the Managed Care Institute. (Information about CWLA's projects can also be found at http://www.cwla.org.)

Core Outcome Indicators for Public Child Welfare

The Child Welfare League of America (CWLA) is in the process of developing a framework of leading child welfare outcome indicators for public child welfare. This framework is intended to serve as a guide for states as they develop outcome measures in response to the Adoption and Safe Families legislation. CWLA's framework is organized around the following outcomes: child safety, permanency, and well–being. Systemic indicators are also included as a measure of monetary and staff resources allocated to the provision of child welfare services. The indicators reflect societal values regarding children and families as expressed in federal law, federal regulations, and state law and are consistent with the data elements required by the Adoption and Foster Care Reporting System (AFCARS).

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Child Welfare National Data Analysis System

In partnership with several state child welfare agencies, CWLA is developing the National Data Analysis System (NDAS), a comprehensive, user–friendly database of child welfare data [CWLA 1998b]. The NDAS will integrate current state–by–state child welfare data in key outcome areas from various sources, allowing customization of tables and graphs through user–friendly features. Data will be accompanied by applicable sources and notes, as well as connections to relevant Internet sites with more in–depth information necessary to understand and interpret the data. The NDAS is expected to be in operation in 1999.

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CWLA Stat Book

Child Abuse and Neglect: A Look at the States. 1997 CWLA Stat Book contains the most accurate data currently available on

America's most vulnerable children and families [CWLA 1998a]. It presents comprehensive, state-by-state information on child and family, program, and systemic child welfare outcomes. It is intended to provide a basis for sound child welfare policy decisions by the federal government, members of Congress, governors, state legislators, local officials, program administrators, grant makers, grant seekers, and child advocates across the country.

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The Odyssey Project

CWLA is currently documenting the outcomes of youth in residential treatment, group homes, and therapeutic foster care through its Odyssey Project. This project is the most important national, longitudinal study of children in out–of–home care in the history of child welfare. To date, more than 30 CWLA member agencies are participating in the Odyssey Project.

Subjects include children and youth who enter residential treatment, group homes, or therapeutic foster care during the first two years of data collection. All subjects are assessed as they enter service, reassessed at one–year intervals, reassessed when they end service, and are then followed up at six months, one year, and two years. Expected outcomes include family reunifications and adoptions, social competencies, educational achievement,

life skills, connections to family and friends, and personal satisfaction with life.

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Enhanced Services and Support for Kinship Caregivers

Funded by the Children's Bureau, Office on Child Abuse and Neglect, and located in Baltimore, Maryland, this project aims to improve the outcomes of children living with kin. The purpose of the project is to examine the impact of providing enhanced services and support to kinship caregivers on children's safety, permanency, and well–being. A three–year evaluation of the project will compare differences in child safety, permanency, well–being, and consumer satisfaction between kinship caregivers who receive supportive services and those who do not.

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The Managed Care Institute

In January 1996, CWLA established the Managed Care Institute to advance best practice in children's services in a managed care environment and to ensure that all children and families in need have access to high–quality, appropriate, affordable, and effective health care, behavioral health care, and child welfare services.

The Managed Care Institute recently held a conference on outcomes management. This in–depth training addressed several methods for measuring and managing outcomes in children's services. It also presented an overview of the research results regarding the best process for achieving an accurate and productive match between provider strengths and the needs of clients and client populations.

The Institute is also currently working on a white paper on outcomes in a managed care child welfare environment.

The Managed Care Institute's other projects include the following:

- Managed Care Children's Service Delivery Tracking Project: A comprehensive 50–state survey of managed care and privatization elements in the children's service delivery system. This survey profiles what is occurring within all 50 states. The final report also contains a number of charts which compare and contrast the differences among states regarding the implementation and status of various managed child welfare plans.

- POET – A Performance–based Organizational Effectiveness & Efficiency Tracking Program: In collaboration with the American Board of Certified Managed Care Providers, the

CWLA Managed Care Institute has developed an organizational effectiveness and efficiency assessment process for child welfare organizations to measure and track performance indicators essential to success in a managed care environment in key functional areas.

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Protecting America's Children: It's Everybody's Business

CWLA is working with several communities nationwide to develop, demonstrate, and evaluate comprehensive child protection reforms at the local level [Kaplan 1998]. CWLA will work with each project site to achieve the following overall objectives:

- Provide a more effective and immediate response, involving both child protective services, law enforcement, and treatment resources, when appropriate, to children who are at imminent risk of serious abuse and neglect;
- Provide less intensive but appropriate responses, principally delivered by community–based organizations, to less serious cases of abuse and neglect; and
- Engage the community in developing an overall strategy for the prevention of child abuse and neglect.

Montgomery County, Maryland, the project's initial demonstration site, is supported in part by the Freddie Mac Foundation and recently completed the planning phase of this initiative.

CWLA will evaluate the project's ability to effect change in two key areas: child safety and community involvement in child protection [Kaplan 1998]. Specifically, data collection will focus on measures that indicate the extent to which the proposed model improves the safety of children served and the degree to which the CWLA process is effective for engaging the community in the protection of children.

The Outcomes and Evaluation Team, one of five work groups affiliated with the project, will oversee the evaluation of both the process employed to create the changes in the child protection system and the program outcomes related to the care and protection of children.

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2.
National Initiatives

Several national organizations have undertaken efforts to facilitate dialogue, provide training, and develop guidelines related to child welfare outcome measurement.

American Humane Association (AHA) and National Association of Public Child Welfare Administrators (NAPCWA) National Roundtables on Outcome Measures in Child Welfare Services

Since 1993, AHA and NAPCWA have cosponsored a series of Roundtables to discuss the role of outcomes in the field of child welfare. Child welfare professionals, policymakers, and researchers are invited to participate in the Roundtables [McDaniel & Alsop 1998]. The purpose of the meetings is to discuss issues regarding the design, implementation, and utilization of outcomes in the delivery of services. This discussion is intended to "promote an effective outcomes-based model of child welfare practice" [McDaniel & Alsop 1998, p. 1].

The proceedings from the Roundtables are published annually and present a framework for identifying target outcomes and measures for child welfare services. AHA's matrices are based on indicators identified by participants in earlier Roundtables and represent an attempt to define a core menu of child welfare indicators. The matrices are helpful in conceptualizing the relationship among inputs, processes, and outcomes. The AHA outcomes

framework identifies four target outcomes and three focus areas of intervention: child functioning, child safety, family functioning, and family continuity/preservation [McDaniel & Alsop 1998]. The three focus areas are the child, family, and community.

In 1996, AHA completed a study on the process of developing child welfare outcome measures [McDaniel 1996]. The study identified several key stages and common themes in the implementation process of outcome measurement: defining purpose and audience, identifying target outcomes, specifying measures, identifying sources of data, developing an implementation plan, and changing the organization culture. An article describing the study is available at the Evaluation Exchange's website (http://www.hugse1.harvard.edu/hfrp/eval/issue 5).

AHA is also a partner in the Casey Outcomes and Decision Making Project described below.

For further information on the AHA/NAPCWA Roundtables on Outcome Measures in Child Welfare Services, please contact

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American Public Human Services Association (APHSA)/ National Association of Public Child Welfare Administrators (NAPCWA)

APHSA is a nonprofit organization that aims to "develop, promote, and implement public human services policies that im-

prove the health and well-being of families, children, and adults" [APHSA 1998]. It provides advocacy, legislative analysis, research, training, and technical assistance to state and local human service agencies. In addition to these ongoing activities, APHSA recently convened its Child Welfare Financing Work Group to address the outcome- and performance-based incentive requirements of the Adoption and Safe Families legislation. In response to the legislation, the Work Group recently began a process to identify outcome measures and recommendations for financing [Rosenbaum 1998]. Through this process, public human service administrators and directors have an opportunity to voice the criteria by which they want to be judged [Rosenbaum 1998]. This initiative is following the same time frame as the one proposed in the legislation and will be completed next year.

NAPCWA is an affiliate of the APHSA and comprises administrators who work for state and local public child welfare agencies. NAPCWA's mission is to improve public policy and administration of services for children, youth, and families [NAPCWA 1997]. For the past seven years, NAPCWA has been a cosponsor with AHA in the Roundtables on Outcome Measures described earlier. It will also be a cosponsor for the eighth Roundtable planned for next year. In addition, NAPCWA recently convened a forum on child welfare outcomes that provided an overview of the issues related to outcomes management, as well as of the progress various states and counties are making in this area. A summary of the forum will be published this fall in NAPCWA's quarterly newsletter, *Network*.

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Casey Outcomes and Decision Making Project

The Casey Family Program and Annie E. Casey Foundation are partnering with the American Humane Association, the American Bar Association's Center for Children and the Law, and the Institute for Human Services Management to develop management and practice tools that will help agencies adopt a managed care approach to child welfare service delivery.

The Casey project has used a participatory approach involving a team of public and private child welfare agencies, foster children and parents, and judges, among others [Winterfeld 1998]. The project was initiated to develop three products. The first is a service philosophy, or conceptual framework, that establishes the common values or mission of child welfare services. Its second product is a framework that identifies key child welfare outcomes by program area. Examples of outcome and program indicators will also be delineated. The project's final product outlines decisionmaking guidelines that are related to desired outcomes and cost-effectiveness and focus on decisions about the level and type of out-of-home placement.

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The Corporation for Standards and Outcomes

This private, for-profit company was founded in response to the increasing need among human services for practical and effective information and tools for assessing the results, quality, and cost-effectiveness of their programs [Driggs 1998]. The Corporation for Standards and Outcomes offers a range of services and products designed to enable human service agencies to measure and manage outcomes using the latest information technology. It particularly focuses on children's services—child welfare, juvenile justice, and mental health, and has worked with over 200 agencies nationwide.

The Corporation's current focus is on its SumOne for Kids initiative—an outcomes-driven information system that includes standardized components for benchmarking, as well as customized programs for individual agencies [Driggs 1998]. This information system helps providers define outcome measures, track program and outcome data, and produce reports that can be used to evaluate the results.

In addition to a variety of information systems and products, the Corporation for Standards and Outcomes recently sponsored one of three national conferences on designing and implementing children's services outcomes management programs [Driggs 1998]. These conferences are held in conjunction with the Institute for Behavioral Healthcare, Casey Family Program, Annie E. Casey Foundation, Pressley Schools, Devereux, Center for Mental Health Services, and Council on Accreditation. The focus of the conferences is on addressing design and implementation issues involved in outcome measurement.

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The Council on Accreditation of Services for Families and Children (COA)

The Council on Accreditation of Services for Families and Children (COA) is the primary accreditor of child and family services in United States. It also accredits an extensive array of behavioral healthcare and other community services. COA's activities include the development of best practice standards, delivery of provider recognition and accreditation, provision of technical assistance, and advocacy for high-quality services for children and families. COA's standards for accreditation delineate performance requirements for 57 types of behavioral healthcare and social services and are based on the following principles: cultural competence, consumer oriented, outcomes based, and family and child focused [Hines 1998]. While COA accredits interdisciplinary programs, its standards are grounded in the values base of social work.

In 1996, COA began to develop outcome measures for the services it accredits. The emphasis of its outcomes for child welfare services is on the safety, permanency, and well-being of children and families [Hines 1998]. In 1997, COA published its *Standards for Behavioral Healthcare and Community Support and Educa-*

tion Services—a document that identifies specific outcome measures for each of the 57 services provided by its agencies.

In addition to the above, COA is involved with a variety of other outcome initiatives [Hines 1998]. It will offer outcomes training in conjunction with the Corporation for Standards and Outcomes and is also cosponsoring a conference on outcomes with several other national organizations. It is in the process of publishing a primer on outcomes that will assist agencies undergoing accreditation to focus on outcomes within a continuous quality improvement process. The primer, *Accountability and Accreditation*, is being written for COA by Fotena Zirps, a Senior Consultant to COA. This effort complements its ongoing nationwide training on accreditation, quality improvement, and outcomes. In the future, COA plans to make available an accreditation report card that would describe an agency's performance. It is important to note that all of COA's outcome initiatives are being undertaken within the context of promoting best practices among child and family service organizations.

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National Child Welfare Resource Center for Management and Administration, Edmund S. Muskie School of Public Service

The Edmund S. Muskie School of Public Service at the University of Southern Maine serves as the host of the National Child Welfare Resource Center for Management and Administration. The Resource Center currently provides training and technical assistance to public child welfare agencies and federal regulatory office staff on a range of organizational and management topics, including outcomes-based management. Their training curriculum helps participants reach a shared understanding about the basic terms used in program planning and evaluation and the meanings assigned to each, establish realistic and achievable outcomes for their programs, and build work plans that directly relate activities to the achievement of whatever outcomes they select [Karraker 1998].

The Resource Center's training sessions present a conceptual grounding that defines outcome terminology; identifies measures, indicators, and data elements; and evaluates results [Karraker 1998]. They also demonstrate how logic models can be used to help planners and evaluators identify the linkages between process, outcomes, and goals and track progress toward achievement of outcomes. The last phase involves hands-on training. Participants apply what they have learned about outcomes-based management principles to their own work by stating a program goal, identifying outcomes, identifying program assumptions, and developing logic models. The National Child Welfare Resource Center has recently provided training to California's adoption program, Hawaii's family preservation program, and Illinois' child welfare system.

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3.
University-Based Initiatives

Several universities have been involved in developing, tracking, and researching child welfare outcomes. They have also been active in promoting the implementation of outcomes- and results-based management in child welfare service delivery.

Chapin Hall Center for Children, University of Chicago

The Chapin Hall Center for Children is currently engaged in a variety of research projects that address child welfare outcomes [Chapin Hall 1997]. Through its Multistate Foster Care Data Archive, researchers track longitudinal data on the foster care histories (including placement duration, number of placements, recidivism rates, and other case outcome information) for all children in out–of–home placement in California, Florida, Illinois, Michigan, Missouri, New York, and Texas. This year, they will be adding data from at least three additional states. In addition, Chapin Hall maintains the Integrated Database (IDB) on Children's Services in Illinois, a longitudinal cross–system database. The IDB enables researchers to analyze the interplay and impact of various systemic reforms (i.e. health, welfare, education, mental health) on children's outcomes. Chapin Hall is also involved in providing technical assistance to the New York City Administration for Children's Services on the development and implementation of a database to integrate data from the city's foster care system, child abuse and neglect registry, and service providers.

Chapin Hall is currently part of a team that has been contracted to conduct a variety of research activities for the U.S. Department of Health and Human Services [Chapin Hall 1997]. The emphasis of this research is on the policy and program implications of delivering services to high–risk families. Chapin Hall is also evaluating a child protection initiative of the Edna McConnell Clark Foundation that is being implemented in four communities. This initiative is designed to promote a more preventive, community–oriented, and outcomes–based approach to child protection.

Lastly, as part of its efforts to evaluate the effectiveness of managed care approaches in child welfare, Chapin Hall recently organized a forum of practitioners, policymakers, and researchers [Chapin Hall 1997]. The intent of the conference was to address the key research issues related to evaluating the impact of fiscal reform on child and family outcomes. An evaluation agenda prioritizing evaluation questions was developed based on the results of the forum. The conference proceedings are being compiled for publication.

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Children and Family Research Center, University of Illinois at Urbana–Champaign

The Children and Family Research Center is conducting a nationwide study of the outcome measures being developed and

used by states [Wells 1998]. The goal of their research is to provide a comprehensive overview of outcome measurement in child welfare. They are intending to compile the results into a resource guide which will document the following: "(i) outcome measurement efforts public agencies have made to date; (ii) outcomes and measures public agencies currently use; and (iii) the feasibility of implementing specific types of outcome measures in child welfare practices" [Wells 1998]. The study was conducted in the fall, and the resource guide will be available early this year.

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The Child Welfare Research Center maintains a longitudinal database that tracks the performance of California's foster care system [CWRC 1998]. Performance indicators include child abuse reporting, caseload flow, first entries to foster care, caseload counts, intercounty and interstate placements, length of stay for first placement, children re–entering foster care, exits from first placement, placement stability in first placement, and permanence at four years. A 1996 report reveals California's performance in each of these areas, by county, and can be accessed at the Center's website.

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Harvard Family Research Project, Harvard University

The Harvard Family Research Project has been studying state and local efforts to implement a results–based accountability model in the delivery of child and family services [Schilder 1998]. Harvard researchers have profiled results–based accountability initiatives in 18 states and are currently conducting case studies of eight states: Florida, Iowa, Minnesota, North Carolina, Ohio, Oregon, Vermont, and West Virginia. These initiatives are largely aimed at improving program effectiveness and efficiency and are characterized by a coordinated system of clearly defined outcomes, reliable indicators, performance standards, data collection instruments, and data analysis and reporting [Schilder 1998]. Although most of these states are in the initial stages of implementation, the findings from the case studies revealed that results–based accountability can be used to "effectively monitor child and family services, learn what is working, change strategies accordingly, and improve outcomes" [Schilder 1998, p. 1].

Harvard's case study report describes the history and process of results–based accountability, as well as example outcomes and the intended uses of the results. An executive summary of the

report is available through their website. Their "Evaluation Exchange" newsletter, which often highlights their research in this area, is also accessible on their website.

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School of Social Welfare, University of Kansas

The School of Social Welfare at the University of Kansas has a grant from the Administration for Children and Families to promote outcome–based management among child welfare administrators [Murphy 1998]. The project includes three phases. The first is to collect information on outcome measures, by program area (i.e. family preservation, family services, foster care, adoption), that are currently being used to assess child welfare services. This phase will also include information on how to select measures, the feasibility of using given measures, ideas for outcomes to use for each program area, and a summary of outcome findings from previous program evaluations. The second phase of the project involves helping managers use outcome–based information to make management decisions. The last phase focuses on developing a curriculum for instruction on outcomes–based management.

All of the information collected from the project will be posted on a website [Murphy 1998]. This site will provide guidelines on

how to select outcome measures for program evaluation and use outcome information for program management. The website will also provide information on MIS technology that can be used to help managers make decisions based on outcomes. The website is still in the process of being developed and will be posted in 1999.

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4.
State Initiatives

Many states have been tracking child welfare outcomes since the 1970s. State efforts have largely resulted from the requirements stipulated through child welfare lawsuits and pressure from state legislatures. The Adoption and Foster Care Reporting System (AFCARS) and Statewide Automated Child Welfare Information System (SACWIS) data collection initiatives have also contributed to outcomes development at the state level. The Adoption and Safe Families Act of 1997 further requires states to track the outcomes of their child welfare systems.

Colorado

The Colorado Child Welfare Outcomes Project was founded in 1992 by a group of private foundation staff (American Humane Association and Piton), frontline supervisors, staff from the state division of child welfare services, and caseworkers. The purpose of the project was to

- develop an outcomes–based, client–centered model for delivering and evaluating child welfare services at pilot sites throughout the state;
- improve accountability through promoting client involvement and implementing standard measures of performance; and
- assess the viability of developing a statewide outcomes–based model of service delivery [Pope 1998].

Based on the AHA framework, the Outcomes Work Group defined the following fundamental child welfare outcomes: child safety, permanency, family functioning, and customer service [Pope 1998]. In 1995, six pilot counties were chosen for the project. Five of the projects chose to apply the outcomes model to their family preservation programs. The sixth is implementing the model in a sexual offender treatment program. In addition to the outcomes listed above, the sites defined individual program outcomes to be measured. The results of the pilots will be used to determine the feasibility of developing a statewide model.

In addition to the efforts of the Outcomes Work Group, Colorado has a managed care initiative that is currently being tested in three counties. In 1997, a new law implementing several managed care principles such as capitation, fixed funding, and contracting came into effect [Taylor 1997a]. The goals of the managed care initiative are to

- assure access to quality child welfare services,
- distribute and use child welfare resources more efficiently and effectively,
- better meet the individual service needs of children and families through increased program flexibility, and
- empower local service providers to meet their own needs.

Each county is expected to achieve the following three outcomes: safety for the child and community (increase percentage of children who are safe from abuse and neglect, reduce repeat offending), stable and permanent environment (increase stability of child's environment, increase percentage of children who have had a permanency planning hearing within 18 months or within three months of dispositional hearing for ages 5 and under), and systems collaboration (increase collaboration between

child serving agencies as measured by utilization of cross–system/agency agreements) [Taylor 1997a]. The pilots' contracts began in January 1998.

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Kansas

In 1996, Kansas began to privatize all of its child welfare services, except child protection and investigations [Drissel & Strausbaugh 1997]. By 1997, performance–based contracts, with capped allocations, had been awarded to private agencies for service delivery and teamed case management in adoption, family preservation, and foster care. Kansas awarded one statewide adoption contract and separate foster care and family preservation contracts in five regions throughout the state [Markowitz 1998].

The primary goal of Kansas' initiative is to create a system of shared accountability between the public agency and private con-

tractors, keep children safe from further abuse, reduce the number of children entering foster care, decrease the length of time children are in a nonpermanent placement, and reduce recidivism [Markowitz 1998]. In addition, the Kansas Commission for Children and Families aims to decrease the number of moves children experience while in out–of–home care, reduce the length of time from termination of parental rights to adoption, place more siblings together, and promote client satisfaction.

Kansas has identified a number of outcomes, performance indicators, and performance targets for each of its program areas (family preservation, adoption, and foster care). One year after implementation of its privatization initiative, Kansas had largely met or exceeded its performance targets [Lutz & Oss 1998]. The only areas in which Kansas did not meet its expectations were in the timeliness of adoptions, number of family reunifications, and academic/employment achievement of youth. Kansas is continuing to refine its outcomes measurement based on the data collected during the first year.

Kansas' initiative has resulted in greater flexibility and innovation in its child welfare system [Lutz & Oss 1998]. Although Kansas' reforms have highlighted the difficulties of implementing performance–based contracting, they have also revealed that solid provider networks, judicial support, and reliable data are critical for adopting a managed care approach to child welfare service delivery.

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Massachusetts

Massachusetts recently implemented the Commonworks initiative to improve the outcomes of children in its child welfare system. Commonworks is a community–based residential specialized foster care and family support services' program for youth ages 12–17 who have been abused or neglected [Taylor 1997b]. Commonworks focuses on children who have been in restrictive residential settings and need a full range of clinical and social services to return to their homes or communities. The primary outcome that Commonworks is designed to achieve is permanency through family reunification, adoption, guardianship, or independent living.

Commonworks contracted out to six lead agencies across the state, which are responsible for all subcontracting and fee–for–service arrangements with other providers [Taylor 1997b]. Approximately 150 private and nonprofit providers are currently in their network. The Department of Social Services (DSS) has also contracted with Options, a services management organization, to perform a wide range of administrative and quality assurance functions such as utilization review, MIS development, and program evaluation. Commonworks requires providers to increase the number of children served, implement a case rate payment system, and accept all children referred by DSS. Although it includes managed care characteristics, Commonworks is not a traditional managed care program. It does not use capitation or require providers to share risk. Massachusetts anticipates that the Commonworks initiative will allow them to provide more individualized services and to ensure that the "money follows

the child, rather than the child following the money" [Taylor 1997b, p. 2].

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Michigan

Michigan began its process of outcome development in October 1997. They convened 70 focus groups with more than 1,000 participants ranging from judges and state employees to children [Beougher 1998]. In these focus groups, participants were asked to identify and rank positive and negative outcomes. A core set of child welfare outcomes and indicators was drafted based on the focus group findings. This draft was sent back to the focus groups for their review, and a report of recommended program outcomes and indicators was published in July [Michigan Child and Family Services Administration 1998]. Outcomes were chosen based on the consistency and consensus among focus group participants regarding their importance for safe and effective programming [Michigan Child and Family Services Administration 1998].

Outcomes and indicators were developed in the following program areas: protective services, family preservation, foster care, and adoption. Universal outcomes for the child welfare system include the following:

> (i) children will be safe from abuse and neglect whenever possible and the risk of harm to children will be minimized; (ii) children will maintain appropriate family, community, and cultural

> ties while in the care of the department; (iii) children will be maintained in a safe and stable living arrangement; and (iv) children and families will be satisfied with the services provided by the department or purchased care provider. [Michigan Child and Family Services Administration 1998]

These outcomes will be tracked and reported annually in conjunction with Michigan's child placing agency report cards, which are used to collect agency outcome and process data in the evaluation of agency performance. The recommended outcomes will also be incorporated into agencies' performance standards and contracts [Michigan Child and Family Services Administration 1998].

Michigan also received a Title IV–E waiver in 1997 which it has used to develop a managed care initiative to provide wraparound services for high–risk children in foster care and a community services program to provide a range of preventive and reunification services to youth who are in contact with the juvenile justice system [Lutz 1998]. The outcomes chosen for these initiatives are improved child safety and well–being, reduced foster care placement and length of time in foster care, increased permanency, decreased recidivism rates for delinquent youth, and improved public safety. It is expected that the waiver will also result in a greater availability and flexibility of services as well as decreased out–of–home placement given its emphasis on in–home, community–based services.

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Minnesota

Minnesota's child welfare system is currently tracking its performance in the areas of child safety and permanency [Johnson 1998]. Outcome indicators have been selected and defined for these areas. Safety indicators are the percent of cases with a new maltreatment finding while the case is opened for services or within 12 months of case closure. The primary indicator for permanency is the percent of children in state custody who are residing in a permanent living arrangement within 12 months of initial placement. In addition, Minnesota has developed a broad range of system activity indicators to assess the progress of children who have been abused or neglected or are at risk of abuse or neglect. These system indicators include data on items such as the potential and actual child maltreatment occurring in a geographic area, the average length of stay in out–of–home care, and number of placements while in out–of–home care.

Through its Minnesota Milestones initiative, the state is also tracking its performance in child welfare over the next 30 years [Minnesota Planning Department 1998]. Minnesota Milestones

represents a significant effort by the Minnesota Planning Department to implement outcomes–based management and promote long–term accountability. To date, the only child welfare measure included in the project is the number of abused and neglected children. As of this year, however, Minnesota Milestones will begin tracking abuse and neglect separately and will collect data on the number of children removed from their homes. In addition to the Minnesota Milestones Project, the Minnesota Department of Human Services routinely collects data on 12 key child welfare indicators as part of its Children's Initiative. These indicators include maltreatment reports; numbers of child victims; types of maltreatment; information about the age, gender, race, and heritage of victims; age and gender of perpetrators; gender of perpetrators by type of abuse; sources of reports; need for services; and county data.

In addition to the above initiatives, the Minnesota Department of Human Services has instituted a small in–house consulting unit within its Community Services Division who work with Department and County management and program staff to develop and implement results–based management [Johnson 1998]. The purpose of this unit is to promote efforts to eliminate unnecessary requirements, reduce reporting and improve decision-making data, and focus agency attention on client results. They provide technical assistance to agencies in developing, measuring, and evaluating outcomes.

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Ohio

In 1995, Ohio shifted from rule compliance and auditing to an outcomes–based system through implementation of its Child Protection Oversight and Evaluation (CPOE) Quality Assurance System [McCreight 1998]. The critical components of the CPOE are regular data collection, analysis and verification, and continuous feedback.

As part of CPOE, Ohio is tracking child welfare outcomes in the areas of safety, permanency, and well–being [McCreight 1998]. To date, 18 indicators have been selected to measure outcomes in the areas of safety and permanency. CPOE is working with other departmental initiatives and the Children's Trust Fund to develop indicators for the third outcome, child and family well–being. Ohio does not currently have specific performance standards for its outcomes, but it does present median data for four state clusters (groups of counties based on population). In the future, they intend to use other measures of central tendency to provide benchmarks for the state. Counties have been receptive to outcomes

measurement and are currently using the framework for strategic planning.

In addition to its quality improvement initiative, Ohio was one of 10 states that received a Title IV–E waiver from the Administration of Children, Youth, and Families in 1996 [Barber 1998a]. Fourteen counties participated in the demonstration project. Each was given a fixed amount of funds to use for the development of child welfare services and programs. Participating counties were required to meet the following outcomes:

- reduce time in out–of–home placement for children,
- reduce placement costs,
- improve stability for children, and
- promote adoption.

At the end of the project, an evaluation will be conducted to compare the outcomes of participating counties with those of a control group of counties that were using funds according to the traditional IV–E requirements.

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Oklahoma

Oklahoma is the only state–accredited public child welfare agency and was the first state to implement the SACWIS system [Arnold 1998]. Oklahoma has made extensive progress in ensuring that its SACWIS system is linked to measurable outcomes. As a result, its service delivery is now more focused on meeting the needs of children as well as on compliance.

Oklahoma is currently tracking the following child welfare outcomes: safety, permanency, and well–being [Arnold 1998]. Their indicators for safety are recidivism rates for cases closed for 12 months prior to the reporting period and number of confirmed substantiated investigations. Their well–being indicators are related to out–of–home placement and include length of time in out–of–home care and number of out–of–home placements. Their permanency indicators are length of time between entrance to care and exit for permanency (reunification, adoption, emancipation, or guardianship); length of time to finalize adoptions; and number of adoption disruptions. Oklahoma is currently collecting this information statewide and producing monthly reports.

The state does not mandate outcome measurement, but provides technical assistance and training to counties that are interested in implementing its outcomes model [Arnold 1998]. A trial run is currently being conducted in one county to develop outcome measures in the areas of well–being and permanency. In addition, this county is collecting data on working and nonworking cases to identify factors that are associated with positive and negative outcomes. Ultimately, they hope to be able to quantify the specific case–level standards (i.e. number of caseworker vis-

its, caseworker turnover, number of caseworker–supervisor meetings, etc.) that are related to positive outcomes. This information will in turn be used to track trends as well as develop an action plan for improvement (including process and outcome targets). Although time–consuming, Oklahoma's process has been effective in involving staff in identifying areas for improvement and setting goals for future performance.

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Oregon

An Oregon legislative mandate requires all state agencies to have performance measures attached to statewide benchmarks [Oregon Department of Human Resource 1997]. Under this mandate, Oregon's State Office for Services for Children and Families has defined eight outcomes for its child welfare services:

- Child safety is ensured through effective intervention by staff and collaboration with families and community partners.
- Children are protected and safe in their own homes.
- Family integrity is preserved or restored through linkages to culturally responsive, individualized services that identify and remove barriers to child safety and permanent family reunification.
- Children who are unable to live safely at home are placed in settings that provide safety, stability, and continuity with their families of origin.

- Safe, permanent homes are expeditiously provided for children who are unable to live safely with their families of origin.
- Children and youth maximize their potential to become independent, self–sufficient adults.
- Agency resources are managed efficiently and effectively.
- The public knows about and takes pride in Oregon's record of child safety and permanency [Oregon Department of Human Resources 1997].

Performance measures, strategies, and targets are identified for each of the outcomes. Data are reported monthly in order to track progress in achieving established outcomes [Chambers 1998]. To date, the state has exceeded its goals for increasing the number of adoptions and length of time to achieve permanency [Ledesma 1998].

In addition to its benchmarking initiative, Oregon received a Title IV–E waiver in 1996. Oregon has been using the waiver to provide a flexible system of family preservation services [Lutz 1998]. The key outcomes of the waiver include maintaining child safety, reducing length of stay for children in out–of–home care, and prevent removal of the child from the home. The waiver also aims to reduce foster care costs by increasing service efficiency and investing in other services. The evaluation of the demonstration project will compare the outcomes of counties participating in the waiver with those not participating.

For further information on Oregon's performance measures or a copy of their most recent progress report, please contact

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Pennsylvania

Pennsylvania has adopted a consensus–building approach to defining outcomes. A Task Group of public and private state and county representatives met together to develop a plan to implement results–based management in Pennsylvania's child welfare system [Schenberger 1998]. Its results–based management process is founded on four steps: information, evaluation, interpretation, and action. The first step involves collecting information by measuring results. In the second step, results are evaluated against a standard. Pennsylvania will primarily be comparing current performance with past performance. The interpretation of results depends on client characteristics and agency intervention and provides guidance for the last step—action. Through action, the system will seek to improve results.

As part of its results–based management process, the Task Force developed a framework of outcomes. This framework is based on two principles: "each measure must represent the achievement of an agency goal and it must represent a benefit to the client." [Hornby Zeller Associates 1997]. The following outcomes were chosen for Pennsylvania's child welfare system:

- **Safety:** prevent child abuse, neglect, and exploitation;
- **Permanency and safety:** ensure all abused, neglected, or otherwise dependent children are protected from further abuse and neglect in their own or some other permanent home; and
- **Child well–being:** provide for the well–being of children while in substitute care.

Specific objectives and indicators have been established for each outcome.

Further implementation of Pennsylvania's results based management process is pending until all of the counties' MIS systems are operational to collect AFCARS data [Schenberger 1998]. Once baseline data has been collected, each county will have the discretion to determine its own performance targets for each outcome area.

Concurrent with their results–based management blueprint, Pennsylvania is developing a set of practice standards that are linked to desired outcomes for its child welfare system [Schenberger 1998]. The state will provide technical assistance to the counties to help them implement standards. The standards project is linked with their competency–based training. Through these related projects, Pennsylvania is focusing on its systemic capacity to improve the outcomes of the children and families it serves.

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Texas

Texas has been tracking outcomes for its Child Protective Services since 1993 [Alexander 1998]. These outcomes are tied to funding and are targeted at improving child functioning, which is defined as "children living in safe, permanent homes reflective and respectful of the child's cultural, ethnic, racial, and kinship identity" [Alexander 1998, p. 73]. To achieve this outcome, the Texas Department of Protective and Regulatory Services has developed a permanency planning unit to expedite permanent placements for children in out–of–home care. This unit also aims to decrease the number of children who return to out–of–home care after family reunification or another permanent placement. They have established a triage process among intensive family preservation staff, investigative staff, and family preservation units to provide intensive services as quickly as possible to reduce the risk of harm to the child and prevent removal of the child from the home. Intensive reunification services are also available when children return home from substitute care placement.

The Department is using a Children's Services Simulation model to inform decisionmaking by integrating baseline data, evaluating the effectiveness and efficiency of the service delivery system, and determining future outcomes [Alexander 1998]. To date, the Department has seen a decline in the number of children in temporary foster care, a reduction in the number of full–time employees, and a decrease in its average monthly provider costs.

In response to legislation enacted in 1997, Texas has adopted several other strategies for improving the outcomes of children

in out–of–home care. Texas is currently developing a pilot project in the Dallas/Fort Worth area that is based on contracting out child welfare services (placement services, independent living services, and family involvement services) to one primary contractor, which is responsible for subcontracting with other service providers [Barber 1998b]. The public agency will continue to assume responsibility for all other child welfare services. Initially, the contractor will receive a per child per day average rate [Barber 1998b]. There is a possibility, however, that case rate financing may be applied to the project in the future. Outcomes from the pilot project will be closely monitored and include length of stay, stability of placements, improvements in a child's functioning level, least restrictive placements, and permanency [Barber 1998b]. The pilot will be implemented by September 1998.

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For further information on Texas' model of competitive procurement for contracted care, please contact

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5.
County/City Initiatives

Counties and cities have made significant reforms to improve their child welfare systems by implementing outcome and performance based management.

County Welfare Directors Association (CWDA)

In 1994, CWDA produced a statement on child welfare outcome indicators [County Welfare Directors Association 1994]. The focus of this statement is on client outcomes including family preservation, improved family functioning, family and community continuity, successful independent living for those aging out of the foster care system. The paper also includes an appendix of process indicators to measure the program performance of child welfare agencies.

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Baltimore City, Maryland

Baltimore City has defined several outcomes for its 1998 child welfare programs:

- increase reunifications for children with relatives and nonrelative,

- reduce the number of children ages 0–5 in congregate care,
- decrease the average length of stay in out–of–home care,
- increase finalized adoptions, and
- reduce the number of children entering out–of–home care [Phelps 1998].

Systemic outcomes such as reducing the number of kinship care conversions and stepping down to a lower purchase of care rate for children placed in treatment foster care for three or more years are also included. Performance targets have also been defined for each outcome area.

In addition, Baltimore City is in the process of implementing a child welfare managed care pilot initiative to provide a full continuum of care for 1,000 children in custody of the Baltimore City Department of Social Services [Maryland Department of Human Resources 1998]. The purpose of the initiative is to "reshape Baltimore City's relationship with private providers from a payment for care to a reward for results system" [Phelps 1998]. Contracted agencies will be expected to care for children at a fixed cost and achieve specified outcomes.

The managed care outcomes are consistent with its 1998 child welfare outcomes and focus on improving permanency outcomes for children in out–of–home care and reducing their length of stay:

- deliver family–focused, community–based services;
- safely decrease the length of stay in out–of–home placement;
- decrease the time to achieve permanency;
- reduce replacements, reduce congregate care for children, especially ages 0–5;
- reduce re–entry into care; and

- develop best practice models [Phelps 1998].

The Baltimore Department of Social Services will monitor contracted agencies and conduct an external evaluation to assess the effectiveness of the pilot initiative. Contracts will be awarded in the fall of 1998 for a three–year period, with an option to continue for an additional year.

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District Four, Florida

In 1996, District Four was chosen as one of the pilot sites for Florida's child welfare privatization initiative. District Four's pilot project provides residential group care, specialized foster care, and family support services to youth in the Jacksonville area who are in State custody [Taylor 1997c]. The District contracted services out to five private providers, which joined together to form the Family Services Coalition. In conjunction with District staff, Coalition members developed a new model of service delivery based on a five–level system of care to evaluate youth needs, service limits, restrictiveness of placement, costs, and acceptable levels of utilization [Heinrichs & Laino 1998]. The goal of this model was for services to be more flexible and client–driven.

Outcomes were defined and tracked as part of the project:

- maintain child safety;

- shorten period to achieve permanency, reunify with family;
- improve family connectedness;
- improve placement stability and decrease child movement;
- placement is rendered in the least restrictive environment;
- improve individual child functioning at home, school, and community;
- improve preparation for independent living;
- improve client/family satisfaction with services; and
- recognize cost efficiencies [Heinrich & Laino 1998].

Performance indicators and targets accompany each outcome. Tracking these outcomes has enabled the District and Coalition to collect baseline data, as well as identify areas of strength and weakness in service delivery after the first year of program operation. Future outcome evaluation of the project will be conducted by the state as part of its efforts to assess the effectiveness of its privatization initiative.

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El Paso County, Colorado

El Paso County was one of the pilot sites chosen by the Colorado Outcomes Work Group for implementation of its outcomes model.

El Paso County DHS has implemented an outcomes–focus across all child welfare programs and services, including its managed care contracts and all internal Child Protective Services and Residential Program divisions [Malone 1998].

For its initial pilot project, the Department applied the outcomes model to its family preservation services. The following outcomes were chosen:

> (i) family preservation—families are preserved as indicated by the number of days children are in placement during family preservation services and the children's residence at the end of family preservation services; (ii) child safety—children will be safe from maltreatment as indicated by the numbers of substantiated maltreatment incidents on active family preservation cases; (iii) permanency —children will live in safe, permanent homes respectful of the child's cultural and kinship identity as indicated by the number of times a child is removed from his/her place of residence and the number of permanent placements maintained 12 months after placement; and (iv) family functioning—families will function better as measured on the North Carolina Family Assessment Scale. [Markley 1998, p.57]

Performance targets derived from baseline data have also been established for each of the outcome areas [Malone & Markley 1998. Reports are produced on a quarterly basis. The data reveal that from 1995 to 1997, the Department of Social Services experienced a decline in the cost of its services, a reduction in the number of substantiated cases of abuse, and improvements in family functioning.

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New York City, New York

In 1996, Rudolph Guiliani, Mayor of New York City, and Nicholas Scoppetta, Commissioner of New York City's Administration for Children's Services (ACS), began implementation of an initiative to reform New York City's child welfare system. The Reform Plan presented concrete strategies for reorganizing the City's protective, preventive, and foster care services. The intent of the reorganization was to promote achievable, measurable outcomes for the children and families of New York City who come into contact with the child welfare system [ACS 1996]. Thirty–two outcomes and performance indicators were developed to track ACS' progress in improving its child welfare system. Primary outcomes included stopping the killing, abuse, and neglect of children; quickly achieving a safe and stable home for children in foster care; and successfully achieving full educational potential and proper medical and mental health care for all children in foster care [ACS 1996]. These measures were to be tracked at the city, borough, and community district levels.

In addition to improving children's outcomes in these areas, the reform plan aimed to increase ACS compliance with state

and federal requirements [ACS 1996]. Performance indicators proposed for tracking compliance included number of home visits, reports of investigations within seven days of the initial report, sequence determination reports on investigations within 60 days, and certifications of foster care homes.

A status report of the first phase of implementation of the Reform Plan was released in June 1998 [ACS 1998]. During the first phase, 15 outcome and performance indicators were tracked. Significant findings described in the report include:

- the number of child deaths decreased in New York City from 1990 to 1996,
- the number of reports of child abuse and neglect received and investigated annually by ACS has remained steady during the past 10 years,
- the percentage of indicated reports has increased since 1993, and
- the median length of stay for children in foster care declined from 1987 to 1993 [ACS 1998].

Future reports will be produced annually and will provide data on an increasing number of indicators.

Concurrent with the above initiative, the Comptroller's Task Force on Foster Care Performance Standards presented its recommendations for improving New York City's child welfare system in its 1997 report on foster care outcomes and performance standards [Wulczyn 1997]. The Task Force's recommendations aim to promote a more comprehensive, child–focused, and outcomes–based system. The report focuses on the following outcome domains: system performance (safety and permanence of children), child and family well–being, and client satisfaction. The Task Force's report presents principles that can serve as a

guide for developing outcome measures in these areas and for evaluating child welfare performance.

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Santa Clara County, California

Santa Clara County's Administrative Practices Improvement Project (APIP) initiative represents a significant national effort to design and develop more effective and efficient administrative practices for public child welfare agencies. APIP was founded on the belief that improved administrative practices will result in better outcomes for children and families [Deloitte & Touche Consulting Group 1997]. The APIP began in 1993 with the Santa Clara County Social Services Agency and California Department of Social Services and was sponsored by the Department of Health and Human Services, William and Flora Hewlett Foundation, David and Lucille Packard Foundation, Stuart Foundations, and Zellerbach Family Fund.

A recent report of the APIP [Deloitte & Touche Consulting Group 1997] documents the step–by–step process used to develop the

performance management framework that was pilot tested in Santa Clara County, California. The key indicators selected for the pilot testing were preferred client pathways, length of stay, and recidivism. Data collection was conducted at the pilot test site and at another control group site through an automated information system and case file review. The report presents a summary of data supporting the key indicators for each program area of the agency.

The APIP initiative presents valuable guidance on how to design and implement a performance and outcomes management framework in a child welfare agency. It does not, however, identify acceptable levels of performance. As noted in a recent evaluation of the APIP, one of the primary weakness of the APIP model is that it does not match performance standards with its outcome measures [Deloitte & Touche Consulting Group 1997]. The APIP model is continuing to be developed and refined and may include performance standards in the future.

For more information on the APIP or related report, please contact

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A handbook for using outcomes in human services can be downloaded from http://www.uwscc.org.

6.
Agency–Based Initiatives

Boysville, Michigan

Boysville of Michigan, Inc., is a Catholic–oriented, nonprofit child care and family preservation agency whose headquarters are in Clinton, Michigan. The agency conducts residential and community–based programs throughout the State of Michigan and in Toledo, Ohio. Boysville serves approximately 1,000 children and families a day through its residential, home, community–based, assessment, and detention alternative services.

Establishing and implementing processes to determine program integrity, effectiveness, and efficiency has been an operating principle at Boysville of Michigan long before it was mandatory [Savas 1998]. Boysville's capacity to monitor and advance program processes and outcomes begins with the specification of all programs.

Program staff and agency evaluators gather youth and family assessment and outcome information throughout the program, at the completion of the program, three months post–program and 12 months post–program [Savas 1998]. Outcomes indicating youth community adjustment include living in a home setting, educational gain, actively involved with school and/or work, and living a legal lifestyle. Family outcomes such as caregivers' ability to meet basic needs, family cohesion, and social support networks are also used to evaluate program performance. Peer relations, spiritual involvement, and community involvement outcome measures are currently being developed.

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The Casey Family Program, Washington

The Casey Family Program serves children who need long–term foster care through its family foster care, education and vocational training, therapy, adoption, health care, transitional living, and recreational programs [Pecora et al. 1998]. Casey regularly collects outcome data to evaluate the quality and results of its services. Recently, Casey issued a concept paper on outcomes and indicators to further support its program planning and research [Pecora et al. 1998]. The paper clarifies outcomes terminology, presents an outcomes framework, and proposes the next steps for using outcomes in quality improvement and evaluation.

The outcomes framework presented in the report is comprehensive, linking Casey's mission and vision with the characteristics of its clients, services, and desired outcomes [Pecora et al. 1998]. Eight key outcome domains are presented in the framework. They are:

- emotional health,
- family adjustment and other relationships,
- cultural identification,
- competence and achievement,
- physical health,
- educational development,

- self–sufficiency, and
- legal status and criminal involvement.

The framework also includes a listing of indicators for each domain. A Casey Information System (CIS) is being developed to track client and program outcomes. The Casey Family Program is currently taking steps to refine its data collection instruments and methods, as well as its outcomes framework.

For additional information, please contact

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St. Christopher's, Inc., New York

St. Christopher's, Inc. (SC) is a private, accredited, multiservice foster care agency in New York City and ten lower New York state counties. Its mission is to keep families together or reunite them [Medina 1998]. St. Christopher's accomplished this goal by being a part of the Home Rebuilders, which allowed for a special three–year pilot of capitated rates within a managed care model. Since the end of that project, SC has remained true to its mission of reunifying families by implementing a number of innovative approaches to service delivery.

St. Christopher's approach to service delivery and outcomes management is family focused. For example, birth parents, foster parents, and staff all participate in defining the agency's desired outcomes. As a result, the following outcomes have been identified:

- increased community connections,
- increased substance abuse treatment,
- improved housing, and
- reduced dependence on welfare [Medina 1998].

St. Christopher's has used a number of creative strategies to achieve these outcomes. In light of their findings that children who did not relapse into the system were those whose families had good community supports, SC initiated efforts to promote community connections. It recently hired a spiritual director to build community among families, reconnect them to their faith communities, develop social opportunities for foster and birth parents, and change the role of foster parents to serve as role models for birth parents as well as children.

St. Christopher's has leveraged its relationships with treatment programs to be able to offer families substance abuse treatment on demand [Medina 1998]. Similarly, SC has lobbied landlords to provide its families with quality housing. During the Home Rebuilders managed care model, SC was able to locate housing for 98% of its families in less than a four–week period. Even without Home Rebuilders, St. Christopher's has maintained a full–time housing specialist to deliver appropriate housing services to parents. The last of SC's outcomes is to reduce welfare dependence. St. Christopher's has reduced the welfare dependency of families whose children return home by 20% through its provision of job training and employment referrals.

In addition to the above, SC tracks the outcomes of the children in its care. As it has increased family involvement, SC has seen a dramatic increase in the number of children returning home. It currently has lower lengths of stay (1.5 –1.75 years) and lower rates of recidivism (less than 4%) than those for New York

City and the national average [Medina 1998]. It has also reduced the percentage of children with a goal of adoption from 50% to 25%.

St. Christopher's tracks its family and child outcomes for one to two years after discharge [Medina 1998]. It also evaluates parent and child satisfaction through annual roundtables and consumer satisfaction surveys. Through all of these efforts, SC aims to fulfill its mission to be a parent/family–driven agency that is effective in helping children and families rebuild their lives.

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Youth Villages, Tennessee

Youth Villages is a private, accredited agency that provides residential treatment, therapeutic foster care, home–based counseling, and community–based services for youth and their families [Youth Villages 1997]. Youth Villages uses a continuum of care model that is designed to serve a greater number of children and families in a more cost–effective manner and with clearly defined outcome criteria.

In 1995, Tennessee reduced per diem payments for providers of residential treatment and therapeutic foster care [Youth Villages 1997]. The State of Tennessee contracted with Youth Villages to implement a model of continuum care for the children receiving their services. It was anticipated that the continuum of care model would result in reduced spending for child welfare

services by expediting return home for children who had been in State custody for an extended period of time and to keep more families together by providing home–based treatment when possible. Reimbursement for home–based treatment and aftercare services were included as part of the 1995 reforms.

Youth Villages monitors and evaluates its service delivery through an active outcome and research department which is committed to determining if the continuum of care model can achieve positive, lasting outcomes [Youth Villages 1997]. To date, Youth Villages has exceeded the requirements of its contract with the State. From 1995–1997, it served twice the number of children the state required. It also did not decline services to any youth, although it had the option to decline placement of up to 13 youth per year. Outcome data also reveals that youth in the program experienced shorter lengths of stay than expected, and that 85% of those discharged were in a permanent placement nine months after placement. The large majority of youth were also functioning positively in the community after placement. Youth Villages includes consumer satisfaction as one of its outcome domains. Satisfaction surveys reveal that 97% of the parents are satisfied or very satisfied with Youth Villages' services. Youth Villages is currently working on developing strategies, such as expanding community resources for its families, to strengthen its continuum of care model.

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Summary

This document describes a variety of initiatives that are currently under way to measure child welfare outcomes. The activities of several national organizations, universities, states, counties and cities, and agencies are highlighted. This brief overview suggests that outcome measurement has become an integral part of the child welfare field. Outcomes–based activities are likely to dramatically increase in the near future given the influence of the Adoption and Safe Families legislation and managed care. However, the impact of outcome measurement on the performance of the child welfare system remains to be seen.

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How can we ensure that the child welfare services we provide result in the best possible outcomes for children and families? How can we improve the work we do? This useful book examines initiatives recently undertaken to promote outcome measurement and performance management in the field of child welfare.

Outcome Initiatives in Child Welfare not only describes the initiatives being conducted by the Child Welfare League, but also provides information on national initiatives, university-based initiatives, state initiatives, county/city initiatives, and the activities of individual agencies. Liaison contacts for each initiative are also included.

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ISBN 0-87868-901-X

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